Welcome

Launch of the North East & North Cumbria Peer Research Community of Practice

27 June 2023, 1-3pm

Background and introduction
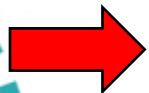
What is a community of practice?

" *A community of practice is where a groups of active practitioners (and academic and community members) in a specific field come together to share ideas, experiences and best practice and support each other.*" (the social change agency)

- Pooling valuable learning

- Creating new knowledge

- Take learning and knowledge back out to your organisations

- Shared values: openness, honesty, lack of judgement and confidentiality

- **1ˢᵗ Event, 18 January 2023**: *Peer research - sharing best practice and developing a community of practice*

- Gallery spaces of good practice in peer research & examples of peer research training and resources

- Table discussions to identify key elements and gaps of peer research in North East and North Cumbria

Ideas for Community of Practice

Facts   Creativity   Benefits

Cautions   Feelings   Process

Six Thinking Hats

Yellow Hat - Benefits
Positives, plus points.
Logical reasons are given.
Why an idea is useful.

safety   non-academic
multiple   building
intimidating   meaningful   opinions   authority
treated   people   control   use   ways   group
development   lived   coat   honest   voice   knowledge
censor   experience   upskilling
applicable   trust   topics   less   opportunities
world   bi-directional   real
value   fearful   break   better
research   equal   access
self   sugar   important   change
accessible   lots   insights   community
grounded   engagement   perspectives   angles

ANECDOTAL EVIDENCE ISN'T VALID.

YES IT IS! I ONCE USED AN ANECDOTE AS EVIDENCE, AND LATER IT TURNED OUT I WAS RIGHT!

PROCESS

Blue Hat - Process
Thinking about thinking.
What thinking is needed?
Organizing the thinking.
Planning for action.

- More peer research needed!
- More research on peer research needed!
  - Impact of peer research
  - What works (and doesn't)
 - Motivations of peer researchers and how to support

Green Hat - Creativity
Ideas, alternatives, possibilities.
Provocations - "PO".
Solutions to black hat problems.

1. **Language & terminology**: clear definitions, defined principles

2. **Standardised, accredited training** for academic researchers

3. **Collate and share** resources & evidence on what works and doesn't

4. **Promote/ showcase** good practice & impact to clinicians, researchers & communities *using creative methods*

5. **Educate and join up conversations between funders** about peer research
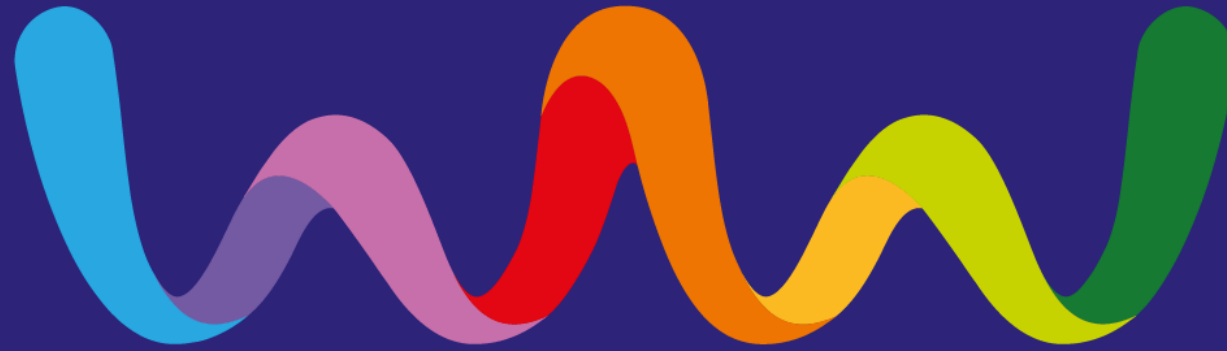
Developing peer research Reflections on practice

Ang Broadbridge, VCSE Maternal Mental Health Services Project Manager

Overview

- Value base

- Towards a model of care

- Case studies

- Some resources

Model of care

- Hospitality

- Training

- Closing the loop

- Ethical practice

Case studies

Topics
- Led by the community
- Sensitivity

Triangulating
- Practitioners
- Learning community approaches
- Accepting we may be part of the problem

Closing the loop
- Feedback
- Dissemination
- And what next?

Key resources

- Roche (2011) models for involvement in research – involvement, employment, partner, advisory models

- Hilary Cottam on prototyping

- McKercher et al – Model of care for co-design cards

- International Collaboration for Participatory Health Research validation tools

- Australian Evaluation Society – working with lived experience researchers – practical framework

- Peer Research in the UK reporting

waystowellness.org.uk

waystowellness.org.uk

ways-to-wellness-limited

ways2wellnessUK

@angbroadbridge

Peer Research Accredited Training & Resources
Chelsea McDonagh, Senior Researcher, the Young Foundation

Co-production of an evidence-based framework and related guidance for practitioners on personalised risk management and safety planning for adults experiencing suicidality

Jill Barker, Co-lead, Teesside University

Becka Lilley, Peer Researcher, Commissioning Support Officer, North of England Commissioning Support Unit

Teesside University

Suicide Prevention — EVERY LIFE MATTERS

iCS — Integrated Care System — North East & North Cumbria

UNIVERSITY of Cumbria

Northumbria University NEWCASTLE
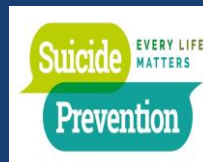
The project team

Lead investigator – Katherine McGleenan

Co-leads – Prof Darren Flynn & Jill Barker

Research associates – Dr Isobel Gordon & Hollie Smith

Peer researchers - Paula, Tara, Becka, Vick

Academics/senior clinicians - 3 regional universities

NE/NC SP Network - multiagency partners

Safeguarding advice - NCISH & Glasgow University Suicidal Behaviour Research Laboratory

Background & rationale for the study

1. **Priority identified by people with lived experience of suicidality**

2. **Need to move from risk prediction to a personalised approach;**

   - Risk prediction tools have little predictive value.
   - Safety planning is a research priority.
   - Personalisation focus of the NHS long term plan.

Dedicated to Jaymie

"After Jay's death I learnt a lot about suicide. I came to understand the importance of personalised safety planning. I felt had one been available for Jaymie, her family and friends, it may have helped to save her life."

Paula – Jaymie's mum

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Our Study Aims

Aim: To co-produce with people with lived experience of suicidality, a 'draft' evidence-based framework for practitioners on personalised risk management and safety planning.

- Developed in partnership with Experts by Experience.

- Focus on personalisation - *the individual and process* - rather than the document i self.

Investing in You – Dialogue and Change Membership Award

"This project is an excellent example of someone with lived experience seeking academic support, rather than academics seeking the support of people with lived experience. The involvement of the experts by experience has clearly been embedded in every stage of the project"

- Development Manager, Investing in Children. December 2022

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Study Design & Phases

Phase 1 :
Rapid Scoping Review

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Phase 2 :
Qualitative Interviews

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Draft evidence-based framework to support practitioners

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Phase 3
multiagency workshops

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Co-produced evidence-based draft framework to support practitioners

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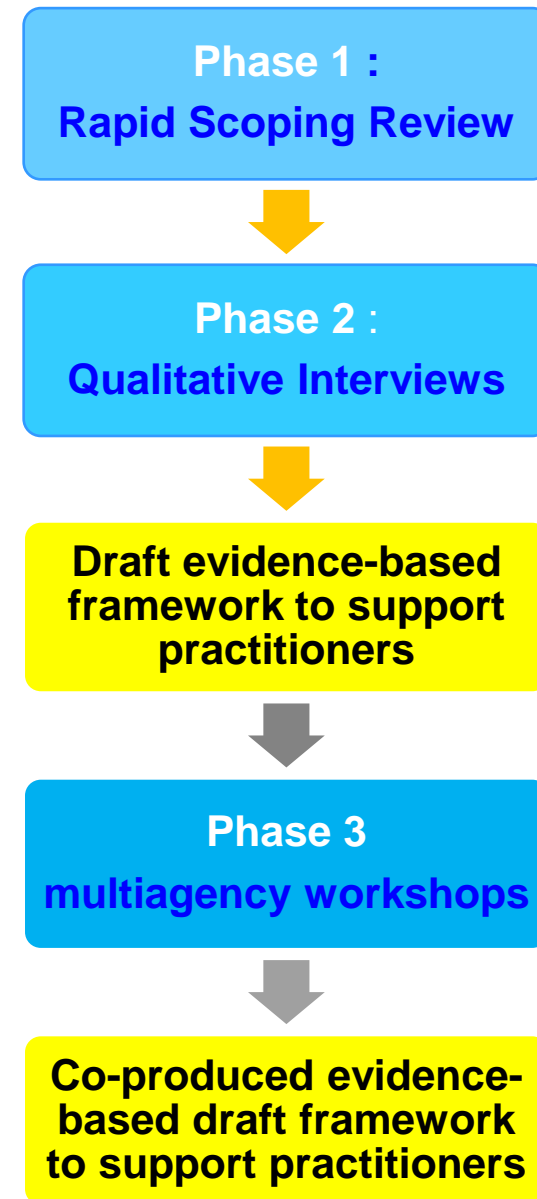
"There was very little support. I was desperate to put over my experiences to the hospital but they didn't want to know."
- Paula

"They need to understand where people are coming from. The great thing about this project is that everything we say is listened to." Paula said that all ideas are "thrashed through" as a team and then either taken up, and explanation is given about why something can't be done or a note is made to pick it up at a later point." - Paula

"They might not have thought of all avenues." "It's a way to make research better and have voices heard." – Vick
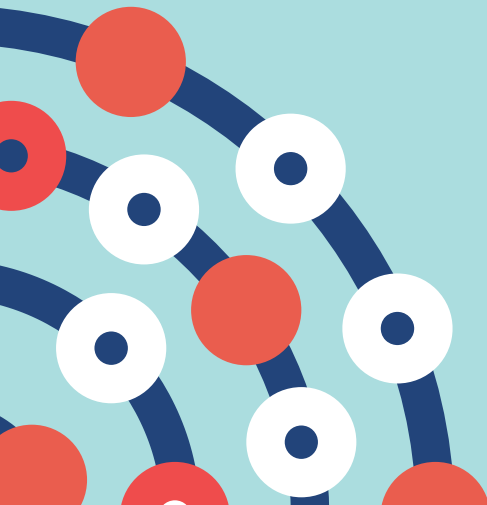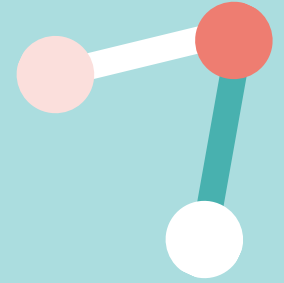
Research Participants

Who to involve in the study and how to support them?

"Support was provided in many ways – the interviewee was allowed to take a break at any time- and be completely open – if they smoke – swear – or whatever helped them through this was acceptable - they had a named person from a supporting organisation of their choice to provide follow up support if needed – they also received a follow up interview in the following days after the initial interview.

It was also important to provide support for the interviewers – it was very much done in the moment – by chatting before and after we interviewed to allow us to de-brief and reflect." - Tara

Importance of co-production

CO-PRODUCTION AT EVERY STAGE

LIVED EXPERIENCE INVOLVMENT

Paula, Tara, Vick, and Becka's input at every stage enhanced every part of the process

1 SCOPING REVIEW
We helped define the scoping review criteria - making it more holistic and inclusive

2 STUDY MATERIALS
Study materials were reviewed and adapted by us to increase readability

3 INTERVIEWS
We were involved in the interviews as both interviewers and participants

4 WORKSHOPS
We aided in the organisation, facilitation and participation of the workshops

5 DISSEMINATION
Using our own networks and connections we enhanced the dissemination process.

"Everyone's voices are equally heard." – Vick

"I felt honoured and humbled by being part of the interview process – I was there in the exact same capacity as any of the senior researchers – I was allowed to contribute and ask my own questions – this was in the moment and in response to what the interviewee offered." - Tara

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Being inclusive

- *"One day we had a meeting and I was under a lot of pressure at home and having a not so good mental health day – yet I still wanted to take part in the meeting - and things were just not sinking in – I expressed this and Darren went on to explain where we were and what was being discussed and paused the meeting to get me back to a point I did not feel over whelmed – I feel this was not rushed in anyway and is a good example of an adjustment made to enable me to continue not just that day…"* Tara

- *"It feels amazing taking part in research, everyone on the team is treated equally and everyone's voice an opinion are just as important as the researchers and team leaders. The experts are taken seriously and are listened to in every meeting. There is a space for everyone to speak and participation is always encouraged. It's really helped me with my confidence."* - Vick

Connections and keeping in touch

- Making use of networks and connections
- Regular communication and meetings
- Peer support

"Communication has been so open it really feels like we are meeting as a group of friends – with an important purpose." - Paula

Next Steps

- Co-authors on the scoping review and other publications

- Peer researchers on future funding application

- Continuing to challenge the stigma around self-harm and suicidality

"I feel very welcomed to our Teams meetings and that all points I make are welcomed and valid. [Project team] excellent in explaining any technical bits that I do not understand kept well informed about the progress of the research by regular emails and Teams meetings always asked for my views via emails or time is given for in depth discussion during meetings about various points. Meetings are very relaxed - which is important given the subject. I feel very privileged and honoured to be asked and to be part of this valuable piece of research." - Paula

Top tips for engaging peer researchers

- Peer researchers are **MORE** than their story
- Always be open and transparent
- Ask questions
- Respect that everyone's experience will be different

Contact details

- Jill Barker, Co-Lead, Principal Lecturer, School of Health & Life Sciences, Teesside University – jill.barker@tees.ac.uk

- Becca Lilley, Commissioning Support Officer, North Of England Commissioning Support Unit - rebecca.lilley2@nhs.net

- Katherine McGleenan, Enhanced Nurse Consultant Suicide Prevention, CNTW - Katherine.McGleenan@cntw.nhs.uk

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Next steps

Areas put forward at the January meeting:

- Developing a hub for guidance, training and resources
- Developing accredited training
- Supporting and incentivising peer researchers and academics
- Evaluating best practice